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| appropriate. All justice maintenance reconstitutions of the maintenance reconstitution of the maintenance re | form should be used<br>correspondence includ-<br>ted below or directed of<br>ations.                                                                                                | for transi<br>ing the Pa<br>therwise i | miding the ISSI<br>tient, advance on<br>Block 1, by (                        | UE FEE and PUBLIC rders and notification a) specifying a new c                                                                                                                                                                | OTTES                                                                                                                                                                                                                                                                          | ION FEE (if requiremented fees was pondence address;                                        | ired). E<br>vill be i<br>and/or              | llocks 1<br>mailed to<br>(b) indic                | the current outing a sepan                                    | ould be conception                | ompleted where<br>lence address as<br>ADDRESS" for |  |
| ESTACH! CURESING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7590 09/2                                                                                                                                                                           | 3inck 1 für un<br>6/2007               | y change of address)                                                         |                                                                                                                                                                                                                               | Fee                                                                                                                                                                                                                                                                            | o: A certificate of<br>(s) Transmittal. Thi<br>era. Each additiona<br>e its own certificate | mailing<br>is certifi<br>I paper,<br>of mail | can only<br>care cand<br>such as a<br>ling or tra | be used for<br>tot be used for<br>no assignment<br>nomission. | domestic<br>any other<br>or forms | mailings of the                                    |  |
| Nicholas J. Tu<br>McCormick, Pa<br>185 Asylum Sti<br>Hartford, CT 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                     | I he<br>State<br>addi-<br>tran         | reby certify that the Postal Service was seed to the Mail amitted to the USP | is Fee(s<br>rith suff<br>Stop 1<br>TO (\$71                                                                                                                                                                                   | feate of Mailing or Transmission Fee(8) Transmittal is being deposited with the United or sufficient postage for first class mail in an envelope top ISSUE FEE address above, or being fuesimite (571) 273-2885, on the date indicated below.  N. Williams  (Depositor's name) |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                        |                                                                              |                                                                                                                                                                                                                               | 4                                                                                                                                                                                                                                                                              | Gwenerva<br>Julklav<br>Delea                                                                | 2                                            | 1U.                                               | JY 2                                                          | 001                               | (Depositor's namo)  (Bigituture)  (Duto)           |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                                                         |                                        |                                                                              | FIRST NAMED INVEN                                                                                                                                                                                                             | TOR                                                                                                                                                                                                                                                                            |                                                                                             | ATTO                                         | NEY DO                                            | CKET NO.                                                      | CONFIRM                           | AATION NO.                                         |  |
| 10/773,500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                     |                                        |                                                                              | Brett Curry                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                |                                                                                             |                                              | 001-0433                                          | 001-0432-1 6623                                               |                                   |                                                    |  |
| TITLE OF INVENTION: COMPENSATION SYSTEM FOR A FIREARM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              | GUYEH2                                            | 08000974 1<br>0.09 DA                                         |                                   | 10773500                                           |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                                                                        | ISSU                                   | E FEE DUB                                                                    | PUBLICATION FEE D                                                                                                                                                                                                             | יון ני                                                                                                                                                                                                                                                                         | PREV. PAID ISSUE                                                                            | 1 222                                        | TOTAL                                             | EEE/PL BLID                                                   | T ===                             |                                                    |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                                                                  | <u> </u>                               | \$64061440                                                                   | \$0                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                | \$0                                                                                         | 1 221                                        |                                                   | 1460 1440                                                     | <u> </u>                          | ATE DUB<br>1/26/2007                               |  |
| EXAMINER ART UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |                                        |                                                                              | CLASS-SUBCLASS                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| LEE, BEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 089-014300                                                                                                                                                                          |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| 1. Change of correspond<br>CFR 1.363).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. For printing on the patent front page, list (1) the numes of up to 3 registered parent autorneys 1 McCormick, Pauldin                                                            |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                     |                                        |                                                                              | or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attempts or agent) and the names of up to 2 registered patent attempts or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ND RESIDENCE DATA                                                                                                                                                                   | A TO BE I                              | PRINTED ON T                                                                 |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              | <del></del>                                       | <del></del>                                                   |                                   |                                                    |  |
| PLEASE NOTE: Un<br>recordation as set for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | less an assignee is ident<br>to in 37 CFR 3.11. Comp                                                                                                                                | ified belo                             | w, no assignee (                                                             | data will appear on the<br>a substitute for filing                                                                                                                                                                            | inba<br>icba<br>inbh                                                                                                                                                                                                                                                           | rent. If un assigne                                                                         | c is ide                                     | ntified be                                        | low, the doc                                                  | ımeni ha                          | s been filed for                                   |  |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the parent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| Smith & Wesson Corp. Springfield, Massachusetts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | inte assignee category or                                                                                                                                                           | categorie                              | s (will not be pri                                                           | nied on the patent):                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                | Individual 🖸 Cor                                                                            | poratio                                      | n or other                                        | private group                                                 | entity [                          | Government                                         |  |
| la. The following fee(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                     |                                        |                                                                              | Payment of Fco(s): (I                                                                                                                                                                                                         | ?leas                                                                                                                                                                                                                                                                          | ,                                                                                           |                                              |                                                   |                                                               |                                   |                                                    |  |
| Publication For (No small ontity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                     |                                        |                                                                              | Paymont by credit card. Form PTO-2038 is attached                                                                                                                                                                             |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| Advance Order - i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-0235 (enclose an extra copy of this form). |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |
| a. Applicant claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tus (from spatus indicated<br>s SMALL ENTITY statu                                                                                                                                  | s. Sec 37 (                            | CFR 1.27.                                                                    | D. Applicant is no                                                                                                                                                                                                            | lane                                                                                                                                                                                                                                                                           | er claiming SMALI                                                                           | ייראזיי                                      | TV aranıe                                         | Sou 27 CED                                                    | 1 22(*)(2                         | `                                                  |  |
| NOTE: The Issue Fee uniterest as shown by the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Publication Fee (if requeecord of the United State                                                                                                                                  | ired) will<br>os Patent                | not be accepted<br>and Tradomark (                                           | from anyone other the                                                                                                                                                                                                         | ın the                                                                                                                                                                                                                                                                         | c applicant; a regist                                                                       | cred att                                     | orney or                                          | gent, or the a                                                | ssignee o                         | r other party in                                   |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the the                                                                                                                                                                             | <i>v</i> /                             |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                | Date / 3                                                                                    | 1/13                                         | 107                                               | _                                                             |                                   |                                                    |  |
| Typed or printed nume                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |                                        | Registration No                                                              | /                                                                                                                                                                                                                             | 31.                                                                                                                                                                                                                                                                            | 961                                                                                         |                                              | *******                                           |                                                               |                                   |                                                    |  |
| his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benofit by the public which is to file (and by the USPTO to process) application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete as 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. lexandria, Virginia 22313-1450.  Indee the Paperwork Reduction Act of 1995, no persons are required to respond to a collegation of Information unless is displays a valid OMB control number.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                     |                                        |                                                                              |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                |                                                                                             |                                              |                                                   |                                                               |                                   |                                                    |  |